

New Business

11-5-19

NOTE.

# NEW BUSINESS

# MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1126 Event Name: 2019 "D" Drop

Event Date : December 31, 2019

Street Closure: Various

Organization Name: Jon Witz & Associates

Street Address: 301 W. 4th Street Royal Oak, MI 48067

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- |                                    |  |   |  |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus       | <input checked="" type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon        |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony             | <input type="checkbox"/> Festival            |
| <input type="checkbox"/> Filming   | <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation              | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____                   |  |
- ☒ **24-Hour Liquor License**

## Petition Communications (include date/time)

The 2019 New Year's Eve ball drop will be located at Campus Martius & Cadillac Square from 4:00pm - 2:00am; with temporary street closures on Woodward Avenue, Cadillac Square, Monroe, Michigan Avenue & Fort Street.

\*\* ALL permits and license requirements must be fulfilled for an approval status \*\*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Liberty Security Group & Eagle Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspection; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

OCT 31 2019 - MTNB AS 3:0

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades & Road Closures Signage Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Drop Apparatus, Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Kusher

Date: 10-23-19

**City of Detroit**  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, October 25, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
PLANNING AND DEVELOPMENT DEPARTMENT    POLICE DEPARTMENT  
FIRE DEPARTMENT    BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT    MUNICIPAL PARKING DEPARTMENT

**1126**    *Jonathan Witz & Associates, request to hold the "2019 NYE D Drop" at Campus Martius Park and Surrounding Areas and Streets on December 31, 2019 from 4:00pm to 2:00am with set-up to begin 12/28/19 at to finish 1/1/20 at 6pm.*

1126

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 NYE "D" DROP  
Event Location: CAMPUS MARTIUS PARK & Surrounding Areas  
Is this going to be an annual event? ☒ Yes ☐ No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: JONATHAN WITZ & ASSOCIATES  
Organization Mailing Address: 301 W. 4TH STREET LL150 - Royal Oak, MI 48067  
Business Phone: 248-541-7550 Business Website: \_\_\_\_\_

Applicant Name: JONATHAN WITZ  
Business Phone: 248-541-7550 Cell Phone: 248-225-1212 Email: Jon@ALTSBEATSEATS.COM

**Event On-Site Contact Person:**

Name: JEFF WILSON  
Business Phone: 248-541-7550 Cell Phone: 248-240-0137 Email: jlwilson@ALTSBEATSEATS.COM

**Event Elements (check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Walkathon             | <input type="checkbox"/> Carnival/Circus   | <input checked="" type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony             |
| <input type="checkbox"/> Political Event       | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming                        |
| <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration            |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks         | <input type="checkbox"/> Other: _____                   |

Projected Number of Attendees: 30,000

Please provide a brief description of your event:

OUT DOOR & TENTED EVENT featuring NYE  
"D" DROP Court Down, Wreath Fest, Food Truck, Music

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 12/28/19 Time: 8:00 Complete Set-up Date: 12/30/19 Time: 6pm

Event Start Date: 12/31/19 Time: 4pm Event End Date: 1/1/20 Time: 2am

Begin Tearing Down Date: 1/1/20 2am Complete Tear Down Date: 1/1/20 6pm

Event Times (If more than one day, give times for each day):

4pm - 2am

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Campus Martine's Park, Monroe, CA: 11th Square, MTAG & Woodward

Facilities to be used (circle): Street Sidewalk Park City Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

OUTDOOR MUSIC STAGES featuring local & Regional talent

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Small Amplified Sound Systems

### Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No  
If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No  
If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No  
If yes, check all that apply:

- ☒ Food ☒ Merchandise ☒ Non-Alcoholic Beverages ☒ Alcoholic Beverages

Indicate type of items to be sold: Food, soft Drinks, Adult Beverages & Merchandise

Will there be food trucks?  
If yes, please list how many:

☒ Yes ☐ No

Approximately 10

Will there be a charge for parking?  
If yes, please describe the amount:

☐ Yes ☒ No

How will you advise attendees of parking options?

web site & ADS

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Liberty Security Group

Contact Person:

MATT WARNER

Address:

1400 Biddle Avenue

Phone:

734-306-4871

City/State/Zip:

Wyandotte, MS 39192

Number of Private Security Personnel Hired Per Shift:

Approx 20 - 30

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☒ Bonded

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

STREET CLOSURE

Have local neighborhood groups/businesses approved your event?

☐ Yes

☒ No

Indicate what steps you have or will take to notify them of your event:

DOOR TO DOOR VISITS

### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Approximately 6-8 generators may be used to Power Up Stage, tents, Vendor. Fueled by licensed Diesel Provider.

AGGREGO

Name of vendor providing generators: Contact Person: Don GREFY

Address: 3119 PARK PLACE

Phone: 248-486-4100

City/State/Zip: Brighton, MI 48116

Booth: 1 - 66'x126' Tent; 1 - 30'x120' Tent

Tents (enclosed on 3 sides)

Canopy (open on all sides) APPROX 10 - 10'x10' TENT / 3 - 20'x20' TENTS

Staging/Scaffolding: 1 - 20'x24'x3' STAGE & 1-SCAFFOLDING TRUSS FOR VIDEO WALL  
1-TRUSS SYSTEM FOR D' DROP

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? HART MEDICAL

Contact Person: ADAM GOTTLIEB

Address: 1636 W. FORT STREET

City/State/Zip: DETROIT, MI 48216

Name of company providing port-a-johns: Jay's Sanitation

Contact Person: SHILLY

Address: Phone: 313-640-8080

City/State/Zip: LAPEER, MI

Name of private catering company? N/A

Contact Person:

Address: Phone:

City/State/Zip:



## SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures?



Yes



No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: MOORE STREET

FROM: FARMER TO: WOODWARD

CLOSURE DATES: 12/28/19 BEG TIME: 6 AM END TIME:

REOPEN DATE: 1/1/20 TIME: 6 PM

STREET NAME: CADILLAC SQUARE

FROM: BATES TO: WOODWARD

CLOSURE DATES: 12/31/19 BEG TIME: 4 PM END TIME:

REOPEN DATE: 1/1/20 TIME: 6 AM

STREET NAME: MICHIGAN AVENUE

FROM: GROSVORCK TO: WOODWARD

CLOSURE DATES: 12/31/19 BEG TIME: 12 PM END TIME:

REOPEN DATE: 1/1/20 TIME: 6 AM

STREET NAME: WOODWARD AVENUE

FROM: STATE / GRANT TO: CONGRESS

CLOSURE DATES: 12/31/19 BEG TIME: 4 PM END TIME:

REOPEN DATE: 1/1/20 TIME: 6 AM

STREET NAME: FORT STREET

FROM: GROSVORCK TO: WOODWARD

CLOSURE DATES: 12/31/19 BEG TIME: 4 PM END TIME:

REOPEN DATE: 1/1/20 TIME: 6 AM

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

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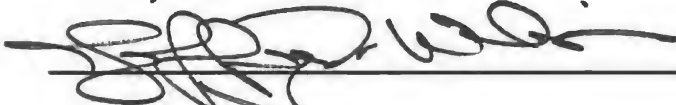
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## AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

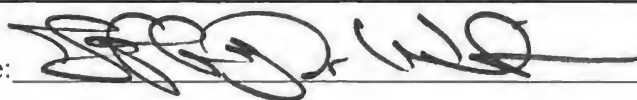
(Please Print)

Event Name: 2019 NYE 'D' DROP Event  
Date: 12/31/2019

Event Organizer:

JONATHAN WHITE ASSOCIATES

Applicant Signature:



Date: \_\_\_\_\_

# 2019 NYE – “D” DROP

## December 31, 2019

<b>Event Dates/Times:</b>	Tuesday, December 31, 2019	6PM – 2 AM
<b>Event Producer:</b>	Jonathan Witz & Associates 301 W. 4 <sup>th</sup> Street LL150 Royal Oak, MI 48067	
<b>Event Management:</b>	Jonathan Witz Event Producer	<a href="mailto:jon@winterblast.com">jon@winterblast.com</a> 248-225-1212
	Jennifer Sutton Marketing / Sponsor Services	<a href="mailto:jennifera@winterblast.com">jennifera@winterblast.com</a> 248-541-7550
	Jeff Wilson Director of Operations	<a href="mailto:jwilson@winterblast.com">jwilson@winterblast.com</a> 248-240-0137
	Shannon Wojtas Restaurant Coordinator	<a href="mailto:shannon@winterblast.com">shannon@winterblast.com</a> 734-552-7535
	Stephanie McIntyre Marketing Coordinator	<a href="mailto:stephanie@winterblast.com">stephanie@winterblast.com</a> 248-541-7550
	Jill Riddle Event Gate Coordinator	<a href="mailto:jill@artsbeatseats.com">jill@artsbeatseats.com</a> 248-760-0635

## **Event Contractors / Suppliers:**

Tenting: S & R Event Rental  
707 E. Lewiston  
Ferndale, MI 48220  
248-655-6020

Security: Liberty Security Group  
1400 Biddle  
Wyandotte, MI 48192  
Matt Warner

Medical: Hart Medical  
1636 W. Fort Street  
Detroit, Michigan 48216  
313-336-7242 ph  
Adam Gottlieb

Cleaning: Block By Block  
607 Shelby  
Detroit, MI 48226  
  
313-963-2225

Power: Aggreko  
8119 Park Place  
Brighton, MI 48116  
248-486-4100 ph  
Don Gray

Toilets: Jay's Sanitation  
146 Greenwood  
Lapeer, MI

Lighting  
Stages  
Video  
D-Drop  
AV7 Productions  
145 Livernois Road  
Rochester Hills, MI 48307  
586-489-3097  
Dan Newman

Heating: Corrigan Propane  
775 N. Second Rd  
Brighton, MI 48116  
810-229-6323 ph  
810-229-4970 fax  
Bob Finn

# 2019 NYE - “D” Drop

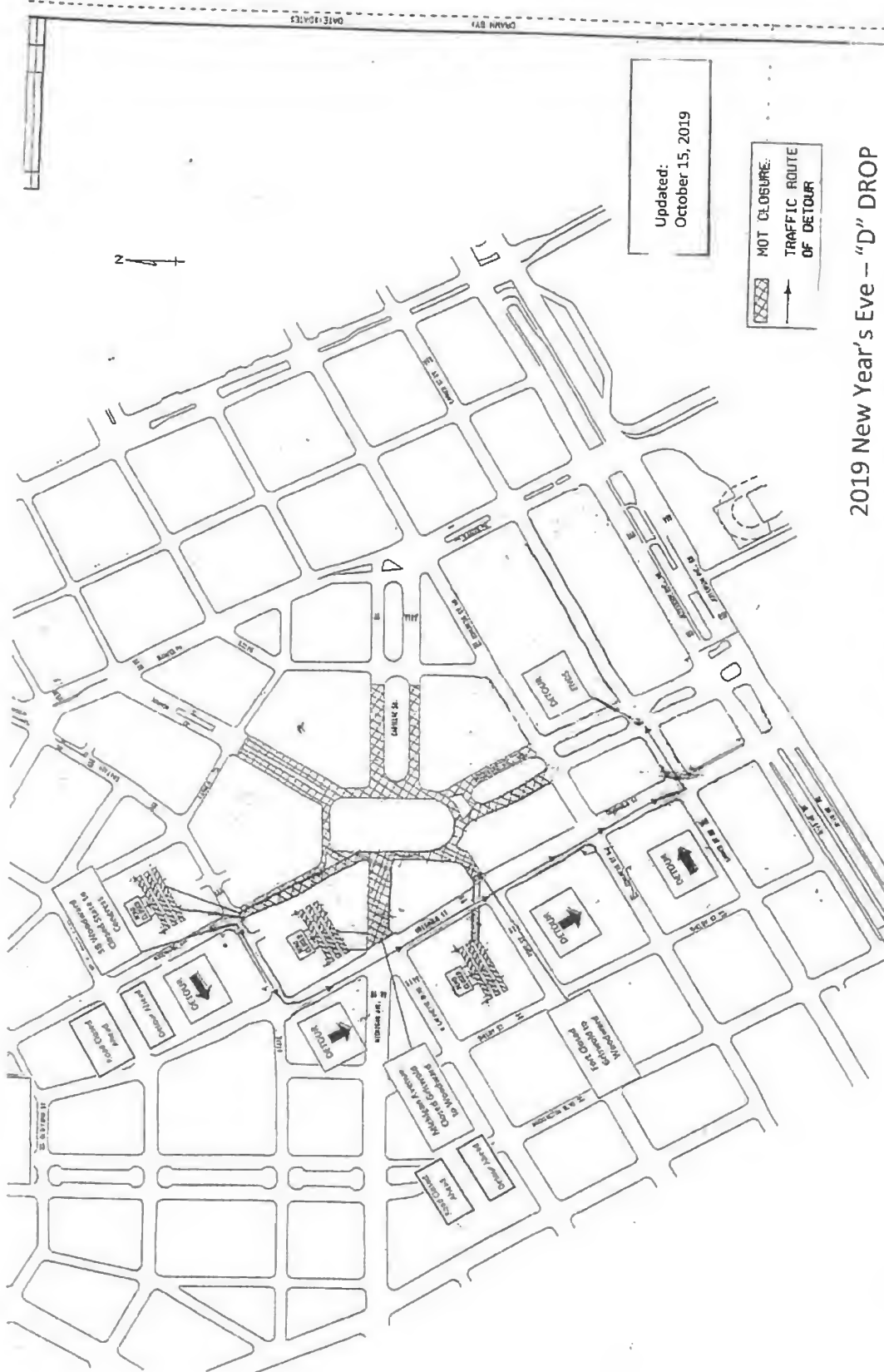
Updated: October 22, 2019

## STREET CLOSURES:



DAY:	TIME	STREETS
Saturday, December 28, 2019	6:00 AM	Monroe between Woodward and Farmer
Tuesday, December 31, 2019	12:00 PM	Michigan Avenue between Griswold and Woodward
	4:00PM	Woodward between Congress and State/Gratiot
		Cadillac Square between Bates and Woodward
		Fort between Griswold and Woodward

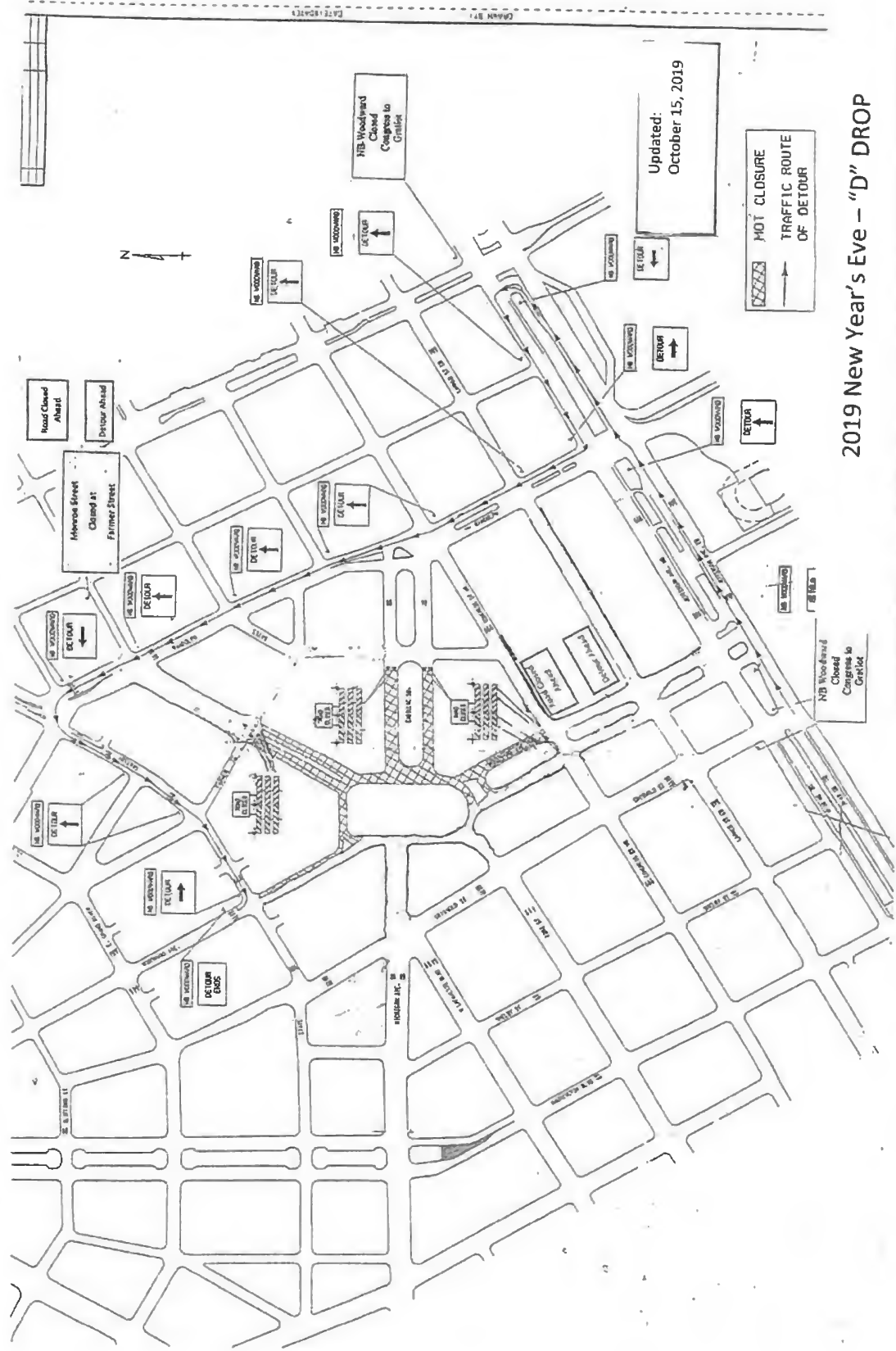
## STREET RE-OPENINGS:

DAY:	TIME	STREETS
Wednesday, January 1, 2020	6:00 AM	Woodward between Congress and State/Gratiot
		Fort between Woodward and Griswold
		Cadillac Square between Woodward and Bates
		Michigan Avenue between Woodward and Griswold
		Monroe between Woodward and Farmer
	6:00 PM	Monroe between Woodward and Farmer




# 2019 New Year's Eve -- "D" DROP

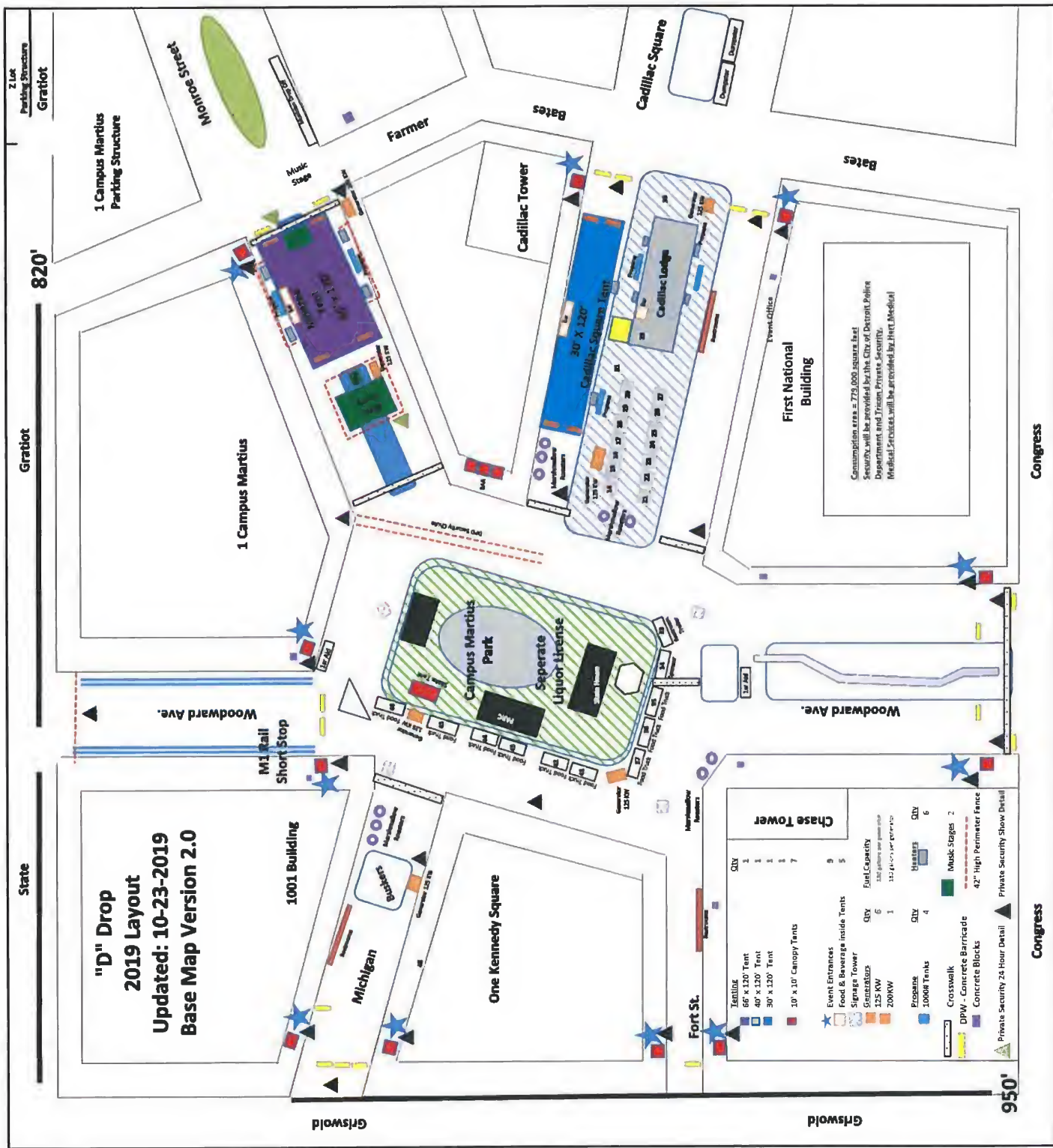
 PROJECTS & ENGINEERING	 CITY OF DETROIT	DATE 8/18/15	SCALE 1" = 1' NTS	JOB NO. 355360	SHEET 2 OF 3
		SB WOODWARD AVE. DETOUR WB CONGRESS DETOUR			



# 2019 New Year's Eve – "D" DROP

	NB WOODWARD AVE. DETOUR EB LARNED DETOUR			DATE 8/18/06
SCALE NTS	JOB NO. 355360	SHEET 1 OF 3		





Congress

Congress

950'

820'

Gratiot

State

Gratiot

2 Lot  
Parking Structure

1 Campus Martius  
Parking Structure

1 Campus Martius

Cadillac Tower

Bates

Cadillac Square

Bates

First National  
Building

Consumption area = 775,000 square feet  
Security will be provided by the City of Detroit Police  
Department and Truist Private Security.  
Medical Services will be provided by Hart Medical

Woodward Ave.

M1 Rail  
Short Stop

1001 Building

Michigan

One Kennedy Square

Cadillac Lodge

30' x 120'

Cadillac Square Tent

Handmade  
Tents

125 KW

125 KW

125 KW

125 KW

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2019-10-25

1126

1126      *Petition of Jonathan Witz &  
Associates, request to hold the "2019  
NYE D Drop" at Campus Martius  
Park and Surrounding Areas and  
Streets on December 31, 2019 from  
4:00pm to 2:00am with set-up to begin  
12/28/19 at to finish 1/1/20 at 6pm.*

**REFERRED TO THE FOLLOWING DEPARTMENT(S)**

MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
PLANNING AND DEVELOPMENT DEPARTMENT    POLICE  
DEPARTMENT  
FIRE DEPARTMENT    BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT    MUNICIPAL

## MAYOR'S OFFICE COORDINATORS REPORT

2019  
2

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 1125 Event Name: 2020 Winter Blast

Event Date: February 7 - 9, 2019

Street Closure: Various

Organization Name: Jon Witz & Associates

Street Address: 301 W. 4th Street Royal Oak, MI 48067

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- |                                    |  |  |  |
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| <input type="checkbox"/> Filming   | <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation   | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____        |  |
- ☒ **24-Hour Liquor License**

### Petition Communications (include date/time)

The 2020 Winter Blast will take place at Campus Martius & Cadillac Square with various times each day and temporary street closures on Woodward, Cadillac Square, Michigan Avenue and Monroe Street.

\*\* ALL permits and license requirements must be fulfilled for an approval status \*\*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Liberty Security Group & Eagle Security to Provide Private Security Services
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	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

OCT 31 2019 - MTNB AS (3-0)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
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	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages, Generators & ZipLine
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Lusher

Date: 10-23-19

**City of Detroit**  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, October 25, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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PLANNING AND DEVELOPMENT DEPARTMENT    POLICE DEPARTMENT  
FIRE DEPARTMENT    BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT    MUNICIPAL PARKING DEPARTMENT

**1125**    *Jonathan Witz & Associates, request to hold "2020 Winter Blast" at Campus Martius Park & Surrounding Areas and Streets from February 7, 2020 to February 9, 2020 with set-up beginning February 1, 2020 at 6:00am and tear down to be completed February 12, 2020.*

## City of Detroit Special Events Application

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### Section 1- GENERAL EVENT INFORMATION

Event Name: 2020 WINTER BLAST

Event Location: Campus Martius Park & Surrounding Areas

Is this going to be an annual event? ☒ Yes ☐ No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Jonathan Witz & Associates

Organization Mailing Address: 301 W. 4TH STREET - LL150, Royal Oak, MI 48067

Business Phone: 248-541-7550 Business Website: WWW.WINTERBLAST.COM

Applicant Name: Jonathan Witz

Business Phone: 248-541-7550 Cell Phone: 248-225-1212 Email: Jon@ARTSBARSEATS.COM

#### Event On-Site Contact Person:

Name: Jeff Wilson

Business Phone: 248-541-7550 Cell Phone: 248-240-0137 Email: JWilson@ARTSBARSEATS.COM

#### Event Elements (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Walkathon             | <input type="checkbox"/> Carnival/Circus     | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race           | <input type="checkbox"/> Religious Ceremony  |
| <input type="checkbox"/> Political Event       | <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming             |
| <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation   | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks           | <input type="checkbox"/> Other: _____        |

Projected Number of Attendees: 40,000

Please provide a brief description of your event:

OUTDOOR WINTER FESTIVAL featuring ice skating, ski hill  
Tube sleds, Zip lines, Ice Sculptures, Evening treats w/ music  
& Food Trucks, Polar Plunge & Street Performers

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date: 2/1/20 Time: 6am Complete Set-up Date: 2/6/20 Time: 11pm

Event Start Date: 2/7/20 Time: 3pm Event End Date: 2/9/20 Time: 9pm

Begin Tearing Down Date: 2/9/20 Complete Tear Down Date: 2/12/20

Event Times (If more than one day, give times for each day):

Friday 2/7/20 3pm-11pm; Saturday 2/8/20 11am-11pm; Sunday 2/9/20 11am-9pm

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Campus Martius Park, Cadillac Square, Monroe, MEAVE & Woodward

Facilities to be used (circle): Street Sidewalk Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- |                                   |  |
|-----------------------------------|--|
| -Public entrance and exit         | -Location of First Aid                 |
| -Location of merchandising booths | -Location of fire lane                 |
| -Location of food booths          | -Proposed route for walk/run           |
| -Location of garbage receptacles  | -Location of tents and canopies        |
| -Location of beverage booths      | -Sketch of street closure              |
| -Location of sound stages         | -Location of bleachers                 |
| -Location of hand washing sinks   | -Location of press area                |
| -Location of portable restrooms   | -Sketch of proposed light pole banners |

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

OUTDOOR Family Activities (swing, giplwe, slides, ice skating) with local & Regional Acts Performing on 2 stages

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Small Amplified JBL Sound Systems

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales? ☐ Yes ☒ No  
If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No  
If yes, list prices):

Will there be vending or sales? ☒ Yes ☐ No  
If yes, check all that apply:

☒ Food ☒ Merchandise ☒ Non-Alcoholic Beverages ☒ Alcoholic Beverages

Indicate type of items to be sold: Food, Soft Drinks, Adult beverages, & Souvenirs

Will there be food trucks? ☒ Yes ☐ No

If yes, please list how many:

Approximately 15

Will there be a charge for parking? ☐ Yes ☒ No

If yes, please describe the amount:

How will you advise attendees of parking options? Web site & Signage

#### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Liberty Security Group

Contact Person: MATT WARNER

Address: 1400 Biddle Avenue

Phone: 734-306-4871

City/State/Zip: Wyandotte, MI 48192

Number of Private Security Personnel Hired Per Shift:

Approximately between 20 - 30

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☒ Bonded

#### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

WITH VARIOUS STREET CLOSURES & SIDEWALK CLOSURES

Have local neighborhood groups/businesses approved your event?

☐ Yes ☐ No

Indicate what steps you have or will take to notify them of your event: DOOR TO DOOR VISITS & HOH

AN AREA MEETING WITH COORDINATION FROM DDP.

#### Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Will use 20 Amps Circuits & Food Truck connections. Approximately 10

generators will be used. Generators will be fueled by licensed Diesel Provider.



AGGREGO

Name of vendor providing generators: Contact Person: Don Geary

Address: 8119 Park Place

Phone: 248-486-4100

City/State/Zip: Brighton, MI 48116

	How Many?	Size/Height
Booth	1- 66'x150' ; 1- 40'x120' ; 1- 30'x30'	
Tents (enclosed on 3 sides)	ADDED 10- 10'x10' TENT	
Canopy (open on all sides)	N/A	
Staging/Scaffolding	2- 20'x24'x2' STAGES & 3- 15'x30'x7' Scaffolding Arches	
Bleachers	N/A	1- Scaffold structure for slides

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? HART MEDICAL

Contact Person: Adam Gotlieb

Address: 1636 W. FORT STREET

City/State/Zip: DETROIT, MI 48216

Name of company providing port-a-johns. SERVICE SANITATION

Contact Person: BEN LEWIS

Address: 135 BLAIN STREET

Phone: 219-949-7000

City/State/Zip: GARY, INDIANA 46406

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Will there be street closures? ☒ Yes ☐ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: Cadillac Squares (Westbound lanes)

FROM: BATES TO: Woodward

CLOSURE DATES: 2/1/20 BEG TIME: 6am END TIME:

REOPEN DATE: 2/12/20 TIME: 6am

STREET NAME: Monroe

FROM: Fleming TO: Woodward

CLOSURE DATES: 2/3/20 BEG TIME: 6am END TIME:

REOPEN DATE: 2/11/20 TIME: 6am

STREET NAME: Michigan Avenue

FROM: Grosvenor TO: Woodward

CLOSURE DATES: 2/4/20 BEG TIME: 6am END TIME:

REOPEN DATE: 2/11/20 TIME: 6am

STREET NAME: Woodward Avenue

FROM: STATE / GRATIOT TO: Congress

CLOSURE DATES: 2/6/20 BEG TIME: 6pm END TIME:

REOPEN DATE: 2/10/20 TIME: 6am

STREET NAME: Cadillac Squares (Eastbound lanes)

FROM: BATES TO: Woodward

CLOSURE DATES: 2/6/20 BEG TIME: 6pm END TIME:

REOPEN DATE: 2/10/20 TIME: 6am

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

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## AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

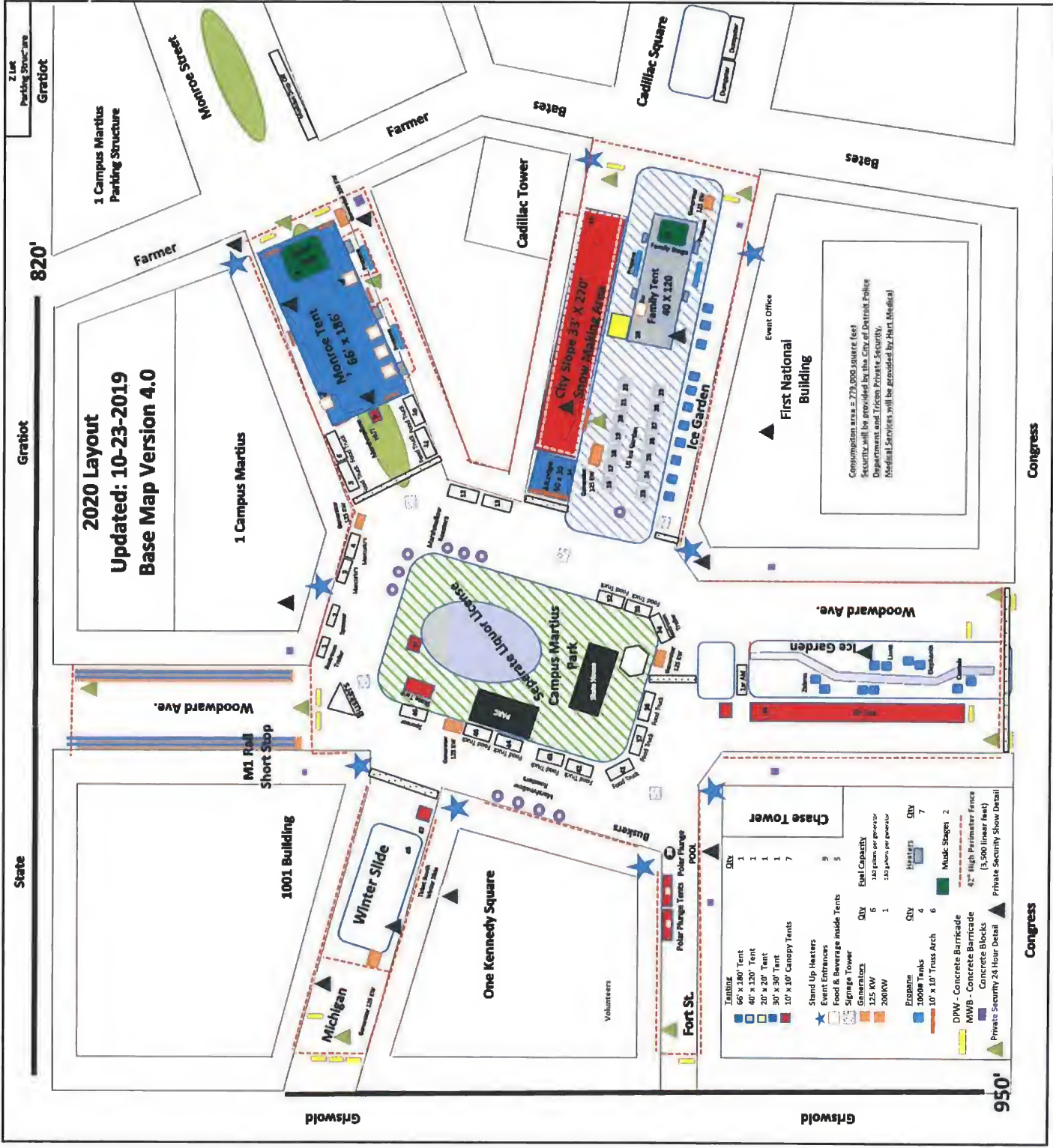
Event Name: 2020 WINTER BLAST Event

Date: FEBRUARY 7-9, 2020

Event Organizer: JONATHAN WITZ 3, ASSOCIATES

Applicant Signature: 

Date: \_\_\_\_\_



<b>Tenting</b>		<b>Chase Tower</b>	
66' x 186" Tent	1	Qty	1
40' x 120" Tent	1	Qty	1
20' x 20" Tent	1	Qty	1
30' x 30" Tent	1	Qty	1
10' x 10' Canopy Tents	7	Qty	7
<b>Stand Up Heaters</b>		<b>Event Capacity</b>	
Event Entrances	9	Qty	6
Food & Beverage inside Tents	5	Qty	1
<b>Generators</b>		Qty	1
125 KW	1	Qty	1
200KW	1	Qty	1
<b>Drop-in</b>		Qty	4
1000W Tents	4	Qty	6
10' x 10' Truss Arch	6	Qty	7
<b>DPW - Concrete Barricade</b>		Qty	2
MWB - Concrete Barricade	2	Qty	2
Concrete Blocks	42"	Qty	2
Private Security 24 Hour Detail	Private Security Show Detail	Qty	2

Congress

Congress

2019-10-25

1125

1125

*Petition of Jonathan Witz & Associates, request to hold "2020 Winter Blast" at Campus Martius Park & Surrounding Areas and Streets from February 7, 2020 to February 9, 2020 with set-up beginning February 1, 2020 at 6:00am and tear down to be completed February 12, 2020.*

**REFERRED TO THE FOLLOWING DEPARTMENT(S)**

MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
PLANNING AND DEVELOPMENT DEPARTMENT    POLICE  
DEPARTMENT  
FIRE DEPARTMENT    BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT    MUNICIPAL

## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 1124 Event Name: Beacon of the Night

Event Date : November 8, 2019

Street Closure: None

Organization Name: We Are Culture Creators

Street Address: 4114 Bagley Avenue Detroit, MI

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Walkathon                     | <input type="checkbox"/> Carnival/Circus       | <input checked="" type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon        |
| <input type="checkbox"/> Bike Race                     | <input type="checkbox"/> Religious Ceremony    | <input type="checkbox"/> Political Ceremony             | <input type="checkbox"/> Festival            |
| <input type="checkbox"/> Filming                       | <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation              | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks                     | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____                   |  |
| <input type="checkbox"/> <b>24-Hour Liquor License</b> |  |   |  |

### Petition Communications (include date/time)

Live Music & Art Showcase at Beacon Park from 8:00pm - 11:00pm inside existing tent.

\*\* ALL permits and license requirements must be fulfilled for an approval status \*\*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with the Downtown Detroit Partnership to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Kushier

Date: 10-23-19



**City of Detroit**  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, October 25, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    BUSINESS LICENSE CENTER  
DPW - CITY ENGINEERING DIVISION    PLANNING AND DEVELOPMENT DEPARTMENT  
RECREATION DEPARTMENT    POLICE DEPARTMENT  
FIRE DEPARTMENT

**1124**    *We Are Culture Creators, request to hold "Beacon of the Night" concert at Beacon Park, 1901 Grand River Ave. on November 8, 2019 from 8:00 pm to 12:00 am with set-up beginning at 6:00 pm on the same day.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Beacon of the Night  
Event Location: Detroit, MI

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: We Are Culture Creators  
Organization Mailing Address: 4114 Bagley Detroit, MI  
Business Phone: (313) 888-6011 Business Fax: \_\_\_\_\_  
Federal Tax ID # 81-32-08260

*If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.*

Applicant Name: Marcus Miller  
Title/Role: Artist Manager / Organizer  
Email Address: marcus.miller.ext@outlook.com  
Mailing Address: 2627 Commor St. Hamtramck, MI  
Business Phone: (313) 888-6011 Business Fax: \_\_\_\_\_

#### Event On-Site Contact Person:

Mailing Address: marcus.miller.ext@outlook.com  
Business Phone: (313) 888-6011 Business Fax: \_\_\_\_\_

*List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).*

List Event Sponsors: \_\_\_\_\_

#### Event Elements (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Walkathon             | <input type="checkbox"/> Carnival/Circus   | <input checked="" type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony             |
| <input type="checkbox"/> Political Event       | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming                        |
| <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration            |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks         | <input type="checkbox"/> Other: _____                   |

Provide a brief description of your event:

An event that features live music, art, and many diverse showcases of talent all from Detroit Natives. The event welcomes all to join to celebrate Detroit youth & culture

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 6pm 11/8 Complete Set-up Date & Time: 7pm 11/8

Event Start Date & Time: 8pm 11/8 Event End Date & Time: 12 AM 11/8

Begin Tearing Down Date: Complete Tear Down Date:

Event Times (If more than one day, give times for each day):

Is this the first time you have held this event in the City of Detroit?

☒ Yes

☐ No

If no, what years has the event been held in Detroit?

When was the event last held in Detroit?

Where was the event last held in Detroit?

What were the hours last year?

Project Attendance This Year (Minimum – Maximum)?

What is the basis for your projected attendance?

Please describe your anticipated/ target audience:

Is this going to be an annual event?

☐ Yes

☒ No

If yes, do you have a preferred/proposed for next year?

If a parade is planned. Indicate elements (check all that apply):

☐ People

☐ Balloons

☐ Floats

☐ Animals

☐ Vehicles

☐ Other:

☐ Bands

If animals included, specify type, number and how used.

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Beacon Park 1901 Grand River Ave

Facilities to be used (circle): Street Grand River Ave Sidewalk Park City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- |                                   |  |
|-----------------------------------|--|
| -Public entrance and exit         | -Location of First Aid                 |
| -Location of merchandising booths | -Location of fire lane                 |
| -Location of food booths          | -Proposed route for walk/run           |
| -Location of garbage receptacles  | -Location of tents and canopies        |
| -Location of beverage booths      | -Sketch of street closure              |
| -Location of sound stages         | -Location of bleachers                 |
| -Location of hand washing sinks   | -Location of press area                |
| -Location of portable restrooms   | -Sketch of proposed light pole banners |

### Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- ☒ Singers ☐ Magician  
☒ Musicians ☐ Story Telling  
☐ Comedians ☐ Other: \_\_\_\_\_

Describe the entertainment for this year's event: Live Paintings, singers and performances

List proposed entertainers and/or bands performing at the event: BFree (Detroit Pistons Artist)

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system?

Concert series BL

☐ Acoustic-audible, sound heard within natural range

☐ Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert? ☒ Yes ☐ No

If yes, what type of music? (check all that apply)

- ☒ Live ☒ Recorded ☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

Standard electrical outlets

How many generators will be used? 0

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip:

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☐ Radio (Specify stations):

☐ Television (Specific stations):

☐ Newspapers (specify papers):

☒ Web site (identify web address): weareculturecreators.com

☐ Public Relations or Marketing Firm (Specify):

Contact Info:

☐ Raffle (List Item(s)):

☐ Billboards

☒ Flyers

☐ Street Banners

☒ Other (specify): Social Media Platforms

NOTE: All raffles subject to laws of State/City.

### Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No  
If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No  
If yes, list price(s):

Will food be sold? ☐ Yes ☒ No  
If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold? ☒ Yes ☐ No T-shirt vending by local Artist  
If yes, describe:

Will a percentage of the proceeds be distributed to a charitable organization? ☒ Yes ☐ No

If yes, describe: 20% Donated

If the event is a fundraiser, identify charity or recipient of funds: We Are Culture Creators Non-Profit

Will there be vending or sales? ☒ Yes ☐ No  
If yes, check all that apply:

☐ Food

☒ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

☐ Other (specify):

Indicate type of items to be sold:

T-shirts, Prints

Will these be exclusive vendors or outside vendors? (please describe): Exclusive Local Artist who are Residents

### Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person:

DDP

Address:

2 Campus Martins

Phone:

City/State/Zip:

Detroit MI 48212

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☒ Bonded

Describe the emergency evacuation plan:

DDP

Describe the parking plan to accommodate anticipated attendance:

DDP

How will you advise attendees of parking options?

DDP

Are you seeking a group parking rate?

DDP

### Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Local collective Artist, who are Residents of city

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

Private city Park

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

Marcus Miller (313) 888-6011

### Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

N/A

How Many?

N/A

Size/Height

N/A

Booth

N/A

Tent (enclosed on 3 sides)

N/A

Canopy (open on all sides)

N/A

Staging/Scaffolding

N/A

Bleachers

N/A

**Company:**

Grill

☐ Gas

☐ Charcoal

☐ Electrical

☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial

☐ Stage

Provide Sketch:

Portable Restrooms:

☒ Standard

☐ ADA Accessible

Vehicles

Type/Weight:

Other:

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

N/A

Will additional utility services be used (power, water, etc.)? Please describe.

N/A

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

N/A

**Section 10- COMPLETE ALL THAT APPLY**

**Name of Sanitation Company collecting refuse and garbage?**

Contact Person: DDP  
Address: 1 Campus Martius Phone: (313) 568-8250  
City/State/Zip: Detroit, MI 48212

**Name of company providing emergency medical services?**

Contact Person: DDP  
Address: 1 Campus Martius  
City/State/Zip: Detroit MI 48212

**Name of company providing porta-johns.**

Contact Person: DDP  
Address: \_\_\_\_\_ Phone: (313) 568-8250  
City/State/Zip: \_\_\_\_\_

**Name of private catering company?**

Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**SPECIAL USE REQUESTS**

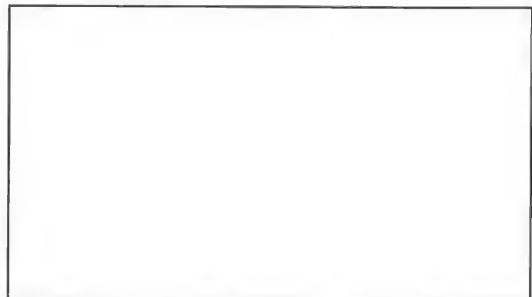
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

**Attach a map or sketch of the proposed area for closure.**

**STREET NAME:** \_\_\_\_\_

**FROM** \_\_\_\_\_  
**TO** \_\_\_\_\_

**Closure Dates:** \_\_\_\_\_  
**Beg. Time:** \_\_\_\_\_  
**End Time:** \_\_\_\_\_  
**Reopen Date:** \_\_\_\_\_  
**Time:** \_\_\_\_\_





**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Requested City Equipment**

Provided In: \_\_\_\_\_ (year)

Current Request: \_\_\_\_\_ (year)

Street Closures:

☐ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks

**Barricades are not available from the City of Detroit.**

**ADDITIONAL INFORMATION**

Is there any additional information that you feel is important to mention regarding your event or additional requests?

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#### AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

10/22 / 2019

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

2019-10-25

**1124**

**1124**

*Petition of We Are Culture Creators,  
request to hold "Beacon of the Night"  
concert at Beacon Park, 1901 Grand  
River Ave. on November 8, 2019 from  
8:00 pm to 12:00 am with set-up  
beginning at 6:00 pm on the same day.*

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**REFERRED TO THE FOLLOWING DEPARTMENT(S)**

MAYOR'S OFFICE   BUSINESS LICENSE CENTER  
DPW - CITY ENGINEERING DIVISION   PLANNING AND  
DEVELOPMENT DEPARTMENT  
RECREATION DEPARTMENT   POLICE DEPARTMENT  
FIRE DEPARTMENT